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Portal hypertensive enteropathy & capsule endoscopy

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A 73-year-old male, with known cirrhosis of non-alcoholic a etiology was referred for capsule endoscopy due to recurrent and transfusion dependent anaemia. His oesophagogastrosocopy revealed no evidence of varices but florid portal hypertensive gastropathy. His capsule was performed after 12 h of fast and 1 litre of polyethyleneglycol laxative preparation. It showed images of portal hypertensive enteropathy (PHE), starting at the level of the duodenum. Mucosal views of the lower jejunum and ileum were obscured by melaena however, where visible, villi bearing prominent central capillaries were noted (*Figures 1 and 2*); capsule endoscopy produces images at 8x magnifica-

tion of normal and it is possible to obtain images of outstanding resolution.

Portal hypertensive enteropathy is receiving increased recognition in research studies of recent years. Studies have aimed at characterizing abnormalities on endoscopy, wireless capsule imaging, and SB biopsy. Findings compatible with portal hypertensive enteropathy (PHE) i.e. telangiectasias or angiodysplastic-like lesions, varices and/or red spots were recently reported in small groups of patients at rates of > 60%.^{1,2}

On the other hand, the reported incidence of portal hypertensive gastropathy and colopathy varies between 9-57 and 50-84%, respectively.^{3,4}



Figure 1. Jejunal views; engorged villi with prominent capillaries, images consistent with PHE.

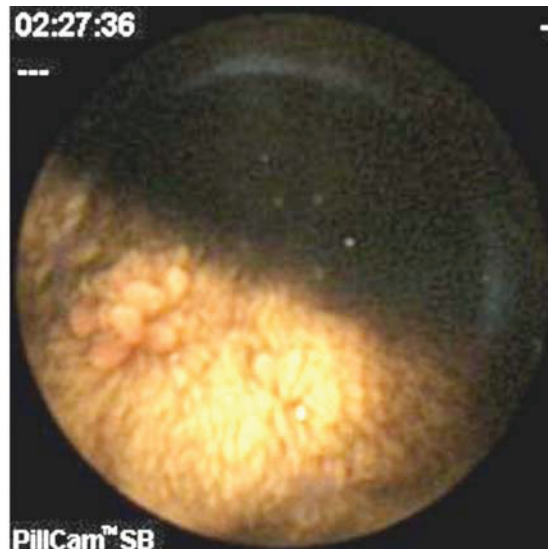


Figure 2. A close-up view of a tuft of villi.

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